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20995	20995 7590 02/10/2009						
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APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/764,986 01/26/2004 Jackson Streeter					ACULSR.036A	6785	
TITLE OF INVENTION: LOW LEVEL LIGHT THERAPY FOR ENHANCEMENT OF NEUROLOGIC FUNCTION							
THE OF INVENTOR LOW EXCEPTION CHARLES TO A CONTROL OF THE CONTROL							
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	YES	\$755	\$0	\$ 0	\$ 755	05/11/2009	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS		•		
JOHNSON III	, HENRY M	3739	607-088000				
1. Change of corresponde	nce address or indication	of "Fee Address" (37		n the patent front page, list			
CFR 1.363).	andance address (or Cha	nge of Correspondence	or counts OP alternativaty				
Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a 2 UISON &						& Bear, LLP	
"Fee Address" indi	Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			listed, no name will be printed.				
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
PhotoThera, Inc			Carlsbad, CA				
Please check the appropriate assignce category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						e shown above)	
X Issue Fee			A check is enclosed.				
— : abitable : ee (ete ettimis ettim) ettetatii pertient.			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).				
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Authorized Signature	12 Mm	l. Shill		Datc	4/10/09		
- · · · · · · · · · · · · · · · · · · ·	Bruce Itchkawi	V	Registration No. 47,677				
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